

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street)

800 Tenth Street, NW

Two CityCenter, Suite 400

☐ Check if different than previously reported. (ACC)

Washington

DC

20001-4956

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2015

through

M M M / D D D / Y Y Y Y Y Y
03 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 20 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 01 2015 To: M M / D D / Y Y Y Y Y Y
03 31 2015

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|--|--|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015 | | 1653206.80 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 1761781.64 | |
| (c) Total Receipts (from Line 19) | 166856.02 | 380300.43 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 1928637.66 | 2033507.23 |
| 7. Total Disbursements (from Line 31) | 181939.48 | 286809.05 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 1746698.18 | 1746698.18 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 03 01 2015

To:

 M M / D D / Y Y Y Y Y
 03 31 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

103227.01

134144.51

(ii) Unitemized

16871.27

28126.06

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

120098.28

162270.57

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

125098.28

167270.57

12. Transfers From Affiliated/Other

Party Committees.....

41600.00

212600.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

157.74

429.86

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ▶

166856.02

380300.43

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

166856.02

380300.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 1239.48 | 2109.05 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1239.48 | 2109.05 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 180700.00 | 284700.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 181939.48 | 286809.05 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 181939.48 | 286809.05 |

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 125098.28 | 167270.57 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 125098.28 | 167270.57 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 1239.48 | 2109.05 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 1239.48 | 2109.05 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Maulik Joshi

Mailing Address 155 North Wacker Drive

City State Zip Code
 Chicago IL 60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Vice President Research & Presi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 02 / 2015

Transaction ID : 22342817

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. John Manfredo

Mailing Address 1201 Health Center Parkway

City State Zip Code
 Yukon OK 73099-6381

FEC ID number of contributing
federal political committee.

C

Name of Employer

Integrus Baptist Medical Center

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 02 / 2015

Transaction ID : 22343532

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. James D Moore FACHE

Mailing Address 1201 Health Center Parkway

City State Zip Code
 Yukon OK 73099-6381

FEC ID number of contributing
federal political committee.

C

Name of Employer

Integrus Southwest Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 02 / 2015

Transaction ID : 22343534

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kathy L English BSN, MSN,

Mailing Address 8200 Dodge St

City

Omaha

State

NE

Zip Code

68114-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospital & Medical Center

Occupation

Executive Vice President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2015

Transaction ID : 22343729

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Kimberly Russel FACHE

Mailing Address 4031 Thorn Ct

City

Lincoln

State

NE

Zip Code

68520-9321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bryan Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2015

Transaction ID : 22343743

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Margaret W. Dahl

Mailing Address 1170 Latham Drive

City

Watkinsville

State

GA

Zip Code

30677-6023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Athens Regional Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2015

Transaction ID : 22346511

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James A Hartley

Mailing Address P O Box 13727

City

Roanoke

State

VA

Zip Code

24036-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Board Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : 22346515

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Lorna Strayer MBA

Mailing Address 700 Ewing Road

City

Bainbridge

State

OH

Zip Code

45612-9476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fisher-Titus Medical Center

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : 22346517

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael R. Dunaway

Mailing Address 15081 Linden Drive

City

Leawood

State

KS

Zip Code

66224-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Senior VP, Field Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
03 / 06 / 2015

Transaction ID : 22346519

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John R Hicks

Mailing Address 1600 Prairie Center Parkway

City State Zip Code
 Brighton CO 80601-4006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Platte Valley Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 03 / 2015

Transaction ID : 22346525

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mrs. Amy Barkholz

Mailing Address 905 Sanctuary Dr.

City State Zip Code
 Mason MI 48854-1390

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : 22346537

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. William Jackson

Mailing Address 14700 Lake Shore Drive

City State Zip Code
 Charlevoix MI 49720-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charlevoix Area Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : 22346540

Amount of Each Receipt this Period

525.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Peter J. Schonfeld

Mailing Address 7105 Cutler Road

City

State

Zip Code

Bath

MI

48808-9439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Sr. Vice President, Policy & Data Svcs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22346545

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

B. Ms. Erin Steward

Mailing Address 2232 N.Croswell Road

City

State

Zip Code

Ithaca

MI

48847-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Deputy Director, Education & Developme

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22346548

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms. Ellen Anderson

Mailing Address 121 N Monroe St
Unit 1401

City

State

Zip Code

Tallahassee

FL

32301-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

State Advocacy Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22346678

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Doug Armstrong

Mailing Address 2535 Rolling View Drive

City

Dunedin

State

FL

Zip Code

34698-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Director, Design & Construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22346679

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. James S Bacon

Mailing Address 16255 Bay Vista Drive

City

Clearwater

State

FL

Zip Code

33760-3127

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony's Hospital

Occupation

Director Team Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22346682

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Kim C. Byas Sr., MPH,

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2015

Transaction ID : 22351926

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Waleska Crespo MHSA

Mailing Address P O Box 366528

City

San Juan

State

PR

Zip Code

00936-6528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiovascular Center of Puerto Rico a

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : 22359656

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms Delphine Ballard

Mailing Address 10414 Butia Pl

City

Tampa

State

FL

Zip Code

33618-4118

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Director Rehab

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22360001

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mr. Kyle J Barr

Mailing Address 2985 Drew St

City

Clearwater

State

FL

Zip Code

33759-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President Team Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22360004

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jimmy Baumgartner

Mailing Address 2538 West Palm Drive

City

Tampa

State

FL

Zip Code

33629-7314

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Director-Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22360005

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. William A. Bell

Mailing Address 944 Gentian Court

City

Tallahassee

State

FL

Zip Code

32312-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22360012

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr Worth Blackwell

Mailing Address 462 Date Palm Court, NE

City

Saint Petersburg

State

FL

Zip Code

33703-6218

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony's Hospital

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22360014

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Alan Bomstein

Mailing Address 620 Drew St

City

Clearwater

State

FL

Zip Code

33755-4108

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22360016

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr William Burns

Mailing Address PO Box 832

City

Lake Wales

State

FL

Zip Code

33859-0832

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22360017

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Robert Carter

Mailing Address 1312 Mirror Ter. NW

City

Winter Haven

State

FL

Zip Code

33881-2350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winter Haven Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22360018

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ronald J Colaguori

Mailing Address 1200 Seventh Avenue North

City

Saint Petersburg

State

FL

Zip Code

33705-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony's Hospital

Occupation

Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22360020

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Anne Condor

Mailing Address 2152 W Vina Del Mar

City

St Pete Beach

State

FL

Zip Code

33706-2842

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Director Managed Care Decision Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22360021

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Monica Corbett

Mailing Address 306 East College Avenue

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

Director of Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22360022

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Kevin Corrigan

Mailing Address 2948 Hillcreek Circle So

City

Clearwater

State

FL

Zip Code

33759-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Chief Operations Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22360023

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert Costello

Mailing Address 601 Main Street

City

Dunedin

State

FL

Zip Code

34698-5848

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mease Dunedin Hospital

Occupation

Director Strategic Planning

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22360024

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Denton Crockett

Mailing Address 16255 Bay Vista Drive

City

Clearwater

State

FL

Zip Code

33760-3127

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22360025

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Brain Curtiss

Mailing Address 310 Druid Road West

City

Clearwater

State

FL

Zip Code

33756-3860

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Marketing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22360027

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Nikki Daily

Mailing Address 2985 Drew Street

City

Clearwater

State

FL

Zip Code

33759-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Manager Compensation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22360028

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Ms. Martha DeCastro RN, MS, CI

Mailing Address 1036 Alameda Drive

City

Tallahassee

State

FL

Zip Code

32317-9577

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

Vice President for Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22360029

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Charles DeShazer

Mailing Address 2717 Seville Blvd

City State Zip Code
 Clearwater FL 33764-1163

FEC ID number of contributing federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Chief Quality Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 09 2015

Transaction ID : 22360030

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Pat Donnelly

Mailing Address 2858 Gloria Ct.

City State Zip Code
 Clearwater FL 33761-3825

FEC ID number of contributing federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 09 2015

Transaction ID : 22360031

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms. Sally Forsberg

Mailing Address 307 Park Lake Circle
 Post Office Box 531107

City State Zip Code
 Orlando FL 32803-3923

FEC ID number of contributing federal political committee.

C

Name of Employer

Florida Hospital Association - Orlando

Occupation

Director of Quality & Patient Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 09 2015

Transaction ID : 22360094

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Keri Eisenbeis

Mailing Address 163 Barbados Ave

City

Tampa

State

FL

Zip Code

33606-3502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Director Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22360095

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. V. Raymond Ferrara

Mailing Address 611 Druid Rd E,
Suite 105

City

Clearwater

State

FL

Zip Code

33756-3948

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22360096

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr Bruce Flareau

Mailing Address 5847 Long Bayou Way South

City

Saint Petersburg

State

FL

Zip Code

33708-3550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Hospital

Occupation

Executive Vice President, Physician Sv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22360097

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Barbara Flynn

Mailing Address 307 Park Lake Circle

City

Orlando

State

FL

Zip Code

32803-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

VP, Health Info Mgmt Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22360098

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Eli Freilich

Mailing Address 1675 Coachmakers Lane

City

Clearwater

State

FL

Zip Code

33765-1735

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Director, Clinical Performance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22362516

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Lou Galdieri RN, BSN

Mailing Address PO Box 210, Mail Stop 21

City

Clearwater

State

FL

Zip Code

33757-0210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mease Countryside Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22362517

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Donald I Gale MD

Mailing Address 200 Avenue F NE

City

Winter Haven

State

FL

Zip Code

33881-4131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winter Haven Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22362518

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. John Gantner

Mailing Address 690 Island Way
Unit 404

City

Clearwater

State

FL

Zip Code

33767-1926

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22362519

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr Thomas Garthwaite

Mailing Address 1124 Nature View Circle

City

Port Orange

State

FL

Zip Code

32128-7453

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22362648

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kimberly Guy

Mailing Address 17806 Ridgeway Ct.

City

Tampa

State

FL

Zip Code

33647-2279

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

COO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22362655

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms Melonie Hall

Mailing Address 2707 Falling Leaves Dr

City

Valrico

State

FL

Zip Code

33596-5769

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Director of System Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22362656

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Victor A. Hruszczyk

Mailing Address 18935 Crooked Lane

City

Lutz

State

FL

Zip Code

33548-6456

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health Systems

Occupation

Vice President, Laboratory Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22362665

Amount of Each Receipt this Period

250.00

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1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas P. Inzina

Mailing Address 405 Buttonwood Lane

City

Largo

State

FL

Zip Code

33770-4060

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
03 / 09 / 2015

Transaction ID : 22362666

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Sally Jackson

Mailing Address 2776 Cleveland Avenue

City

Fort Myers

State

FL

Zip Code

33901-5864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lee Memorial Health System

Occupation

System Director Community Project

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
03 / 09 / 2015

Transaction ID : 22362667

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr Christopher Jenkins

Mailing Address 152 Mobbly Bay Dr

City

Oldsmar

State

FL

Zip Code

34677-4014

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President Infrastructure & CTO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
03 / 09 / 2015

Transaction ID : 22362668

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Lisa Johnson RN, MSN, N

Mailing Address P O Box 210

City

Clearwater

State

FL

Zip Code

33757-0210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Chief Nursing Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22362724

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms Cynthia Jones

Mailing Address 2920 Sanctuary Circle

City

Lakeland

State

FL

Zip Code

33803-5482

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President, Applications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22362725

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Diane M. Kazmierski

Mailing Address 4736 Royal Palm Circle, NE

City

Saint Petersburg

State

FL

Zip Code

33703-3138

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President, Managed Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22362726

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Lee Kirkman

Mailing Address 3952 Versailles Dr

City

Tampa

State

FL

Zip Code

33634-7425

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22362727

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Scott Kizer

Mailing Address 5340 W Kennedy Blvd
Unit 609

City

Tampa

State

FL

Zip Code

33609-2452

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Vice President Legal Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22362728

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr Gay Lancaster

Mailing Address 30 Winston Drf

City

Belleair

State

FL

Zip Code

33756-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22362730

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Doug Leonardo

Mailing Address 5312 Pagnotta Place

City State Zip Code
Lutz FL 33558-8044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morton Plant Mease Health Care

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22362731

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms Amy Lovett

Mailing Address 42 Windward Island

City State Zip Code
Clearwater FL 33767-2321

FEC ID number of contributing
federal political committee.

C

Name of Employer
BayCare Health System

Occupation
Director of Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22362732

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Lorraine Lutton

Mailing Address P O Box 4227

City State Zip Code
Tampa FL 33677-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22362733

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Magee

Mailing Address 9518 Eddings Rd

City

Odessa

State

FL

Zip Code

33556-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President, Pharmacy

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22362736

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Stephen R Mason

Mailing Address 16255 Bay Vista Dr

City

Clearwater

State

FL

Zip Code

33760-3127

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

President & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22362737

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Mr Gerald Massey

Mailing Address 1202 Coral St

City

Tampa

State

FL

Zip Code

33602-1017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mease Dunedin Hospital

Occupation

Director of Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22362738

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Jim McClintic

Mailing Address 219 13th Ave N

City

St Petersburg

State

FL

Zip Code

33701-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony's Rehabilitation Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22362743

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary McGillicuddy

Mailing Address 2776 Cleveland Avenue

City

Fort Myers

State

FL

Zip Code

33901-5864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lee Memorial Health System

Occupation

Chief Legal Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22362745

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Michael Mikurak

Mailing Address 400 Beach Drive NE
Unit 703

City

Saint Petersburg

State

FL

Zip Code

33701-3065

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Board of Trustees

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22362748

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John E. Mines

Mailing Address 1991 Killarney Drive

City

Winter Park

State

FL

Zip Code

32789-3527

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22362749

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Judy Mitzlaff

Mailing Address 2333 Feathersound Dr
UnitA410

City

Clearwater

State

FL

Zip Code

33762-3087

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22362750

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Ed Monti

Mailing Address 1411 River Oaks Drive

City

Tarpon Springs

State

FL

Zip Code

34689-7014

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Clinical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22362751

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Melissa Myrick

Mailing Address 637 Pinellas Bayway
Unit #110

City State Zip Code
Tierra Verde FL 33715-1958

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Director, Health Information Mnmgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22362803

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. James R Nathan

Mailing Address P O Box 2218

City State Zip Code
Fort Myers FL 33902-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lee Memorial Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22362804

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Stephen A Nierman

Mailing Address 3322 Sam Allen Oaks Cir

City State Zip Code
Plant City FL 33564-9058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winter Haven Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22362806

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Matthew Novak

Mailing Address 1705 Hintington Court

City

Safety Harbor

State

FL

Zip Code

34695-5636

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Hospital

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 09 | / | 2015 |

Transaction ID : 22362807

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr Thomas Oakley

Mailing Address 101 ABC Road

City

Lake Wales

State

FL

Zip Code

33859-6844

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winter Haven Hospital

Occupation

Board Member

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 09 | / | 2015 |

Transaction ID : 22363054

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Robert Pesce

Mailing Address 2901 Hansen Manor LN

City

Tampa

State

FL

Zip Code

33611-2858

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Chief Medical Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 09 | / | 2015 |

Transaction ID : 22363055

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Janice Polo

Mailing Address 4604 Vasconia St

City

Tampa

State

FL

Zip Code

33629-8330

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363056

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Rich Rasmussen

Mailing Address 405 El Destinado Drive

City

Tallahassee

State

FL

Zip Code

32301-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

VP for Strategic Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363057

Amount of Each Receipt this Period

1001.00

Full Name (Last, First, Middle Initial)

c. Ms. Kathy A. Reep

Mailing Address 19 W. New Hampshire

City

Orlando

State

FL

Zip Code

32804-5911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association - Orlando

Occupation

Vice President, Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363058

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2251.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Douglas Rothermel CHESP

Mailing Address 3001 West Dr. Martin Luther King J

City State Zip Code
Tampa FL 33607-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Hospital

Occupation
Director of Environmental Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363309

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Bruce J Rueben

Mailing Address 306 East College Avenue

City State Zip Code
Tallahassee FL 32301-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Association

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363310

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Ms Gail Ryder

Mailing Address 2049 Michigan Ave, NE

City State Zip Code
Saint Petersburg FL 33703-3407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morton Plant Hospital

Occupation
Vice President Behavioral Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363312

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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2250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Clint Shoupe

Mailing Address 45 Davis Blvd
#10

City Tampa State FL Zip Code 33606-3459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winter Haven Hospital

Occupation

Manager Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22363313

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Patricia Sizemore RN, MA

Mailing Address 940 Hemingway Circle

City Tampa State FL Zip Code 33602-5980

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony's Hospital

Occupation

Vice President Patient Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22363320

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Scott M Smith

Mailing Address 410 South 11th Street

City Lake Wales State FL Zip Code 33853-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Wales Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22363322

Amount of Each Receipt this Period

500.00

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TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Crystal Stickle

Mailing Address 306 East College Avenue

City State Zip Code
Tallahassee FL 32301-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Florida Hospital Association Vice President Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363324

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Ms. Kim Streit

Mailing Address 1317 Eastin Avenue

City State Zip Code
Orlando FL 32804-6309

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Florida Hospital Association - Orlando VP, Health Research & Information

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363349

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel Sweeney

Mailing Address 1706 Huntington Court

City State Zip Code
Safety Harbor FL 34695-5635

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
BayCare Health System Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363350

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr William Tapp

Mailing Address 455 16th Avenue NE

City

Saint Petersburg

State

FL

Zip Code

33704-4714

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Board Chair

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363351

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms Denita Todd

Mailing Address 5910 Zaki Lane

City

Apollo Beach

State

FL

Zip Code

33572-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Director of Case Mngmt

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363439

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. William G Ulbricht

Mailing Address P O Box 12588

City

Saint Petersburg

State

FL

Zip Code

33733-2588

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony's Hospital

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363440

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mark Vaaler MD

Mailing Address P O Box 4227

City State Zip Code
Tampa FL 33677-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Vice President Medical Staff Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363442

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr Nathan Waldrep

Mailing Address 1734 Eagles Nest Dr

City State Zip Code
Belleair FL 33756-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Director of Physician Services-Urgent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363443

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr Thomas Whiddon

Mailing Address 155 Bayview Drive

City State Zip Code
Belleair FL 33756-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363534

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Alan Wilde

Mailing Address 1497 Main St.
303

City State Zip Code
Dunedin FL 34698-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President Enterprise Facilities M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363535

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. John Wilgis

Mailing Address 307 Park Lake Circle

City State Zip Code
Orlando FL 32803-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

Director, Emergency Mgmt. Svcs.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363536

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael Williamson

Mailing Address 1205 Palmview Ave

City State Zip Code
Belleair FL 33756-1019

FEC ID number of contributing
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363628

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2700.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Ray Wood

Mailing Address 3812 Stanley Rd

City

State

Zip Code

Plant City

FL

33565-4868

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BayCare Health System

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22363629

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael Yungmann

Mailing Address 19 Heights Ave

City

State

Zip Code

Frostproof

FL

33843-2021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Morton Plant North Bay Hospital

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22363633

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms Karen Zieler

Mailing Address 306 East College Avenue

City

State

Zip Code

Tallahassee

FL

32301-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Florida Hospital Association

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

03 / 09 / 2015

Transaction ID : 22363635

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2200.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Janice East

Mailing Address 2021 Long Branch Lane

City

Clearwater

State

FL

Zip Code

33760-1960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : 22363648

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Steven A Rose

Mailing Address 801 Middleford Road

City

Seaford

State

DE

Zip Code

19973-3636

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nanticoke Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : 22363728

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Eric Boley

Mailing Address P O Box 390

City

Kemmerer

State

WY

Zip Code

83101-0390

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wyoming Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : 22363730

Amount of Each Receipt this Period

250.00

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1000.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert M. Monsees

Mailing Address 3407 Ridgeview Drive

City
Columbia

State
MO

Zip Code
65203-8895

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Vice President of State Legislation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 22363733

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Dr. Melinda Estes MD, MBA

Mailing Address 2501 West 64th Street

City

Mission Hills

State

KS

Zip Code

66208-1913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Luke's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 22363734

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Duke Anderson

Mailing Address PO Box 53

City

Hillsdale

State

MI

Zip Code

49242-0053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hillsdale Community Health Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.50

Date of Receipt

03 / 17 / 2015

Transaction ID : 22363740

Amount of Each Receipt this Period

402.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1777.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Sean Gehle

Mailing Address 1828 Boston Blvd

City

Lansing

State

MI

Zip Code

48910-1173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Hospital

Occupation

Vice President Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2015

Transaction ID : 22363743

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

B. Mr. David Seaman

Mailing Address 805 Ledge Moor Blvd.

City

Grand Ledge

State

MI

Zip Code

48837-2037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2015

Transaction ID : 22363744

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark Koch

Mailing Address 200 First Street SW

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : 22363754

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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1212.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jon Pryor MD, MBA

Mailing Address 701 Park Avenue South

City

Minneapolis

State

MN

Zip Code

55415-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hennepin County Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 22363755

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Matthew J. Angela

Mailing Address 1151 East Warrenville Rd.

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Senior Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 22363895

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Mr. Jedediah Cantrell

Mailing Address 10926 N. Northfield Lane

City

Dunlap

State

IL

Zip Code

61525-9397

FEC ID number of contributing
federal political committee.

C

Name of Employer

SwedishAmerican Hospital

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 22363896

Amount of Each Receipt this Period

225.00

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TOTAL This Period (last page this line number only)..... ►

1125.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr Daniel Derman

Mailing Address 680 N Lake Shore Dr

City State Zip Code
Chicago IL 60611-4546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Healthcare

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : 22363897

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. Ms. Eileen Gillespie

Mailing Address 1324 North Sharidan Road

City State Zip Code
Waukegan IL 60085-2161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Medical Center East

Occupation
Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : 22363898

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard S Kowalski FACHE

Mailing Address 3333 North Seminary Street

City State Zip Code
Galesburg IL 61401-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF St. Mary Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : 22363901

Amount of Each Receipt this Period

1600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2050.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Martin Manning

Mailing Address 3013 Mary Kay Lane

City

Glenview

State

IL

Zip Code

60026-1162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 22363902

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

B. Ms. Laurie Round BSN, RN, M

Mailing Address 16089 Huntington Drive

City

Bloomington

State

IL

Zip Code

61705-5527

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate BroMenn Medical Center

Occupation

CNE/VP, Patient Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 22363903

Amount of Each Receipt this Period

270.00

Full Name (Last, First, Middle Initial)

c. Mr. David Sack

Mailing Address 5012 Morse Ave

City

Skokie

State

IL

Zip Code

60077-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 22363904

Amount of Each Receipt this Period

270.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1440.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Maureen Slade MS, RN, NE

Mailing Address 251 East Huron Street

City State Zip Code
 Chicago IL 60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northwestern Memorial Hospital

Occupation
 Director Medicine Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 13 2015

Transaction ID : 22363905

Amount of Each Receipt this Period

270.00

Full Name (Last, First, Middle Initial)

B. Mr. Timothy R Zoph

Mailing Address 251 East Huron Street

City State Zip Code
 Chicago IL 60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northwestern Memorial Hospital

Occupation
 Senior Vice President and Chief Inform

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 13 2015

Transaction ID : 22363906

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

C. Ms. Tina Gerardi

Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400

City State Zip Code
 Washington DC 20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

Deputy Director, Academic Profession i

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 25 2015

Transaction ID : 22364291

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1070.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr Steven Defossez

Mailing Address 32 Sunrise Rd

City

Boxford

State

MA

Zip Code

01921-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts Hospital Association

Occupation

V.P., Clinical Intergration

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

03 / 20 / 2015

Transaction ID : 22364366

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Mr. Peter J Holden

Mailing Address 275 Sandwich Street

City

Plymouth

State

MA

Zip Code

02360-2183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Deaconess Hospital Plymout

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

03 / 20 / 2015

Transaction ID : 22364369

Amount of Each Receipt this Period

1125.00

Full Name (Last, First, Middle Initial)

C. Mr. Peter J Healy

Mailing Address 1 Boston Medical Center Place

City

Boston

State

MA

Zip Code

02118-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Deaconess Hospital-Milton

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

562.50

Date of Receipt

03 / 20 / 2015

Transaction ID : 22364370

Amount of Each Receipt this Period

562.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2062.50

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mark A. Keroack MD

Mailing Address 759 Chestnut Street

City

Springfield

State

MA

Zip Code

01199-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baystate Health, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 20 / 2015

Transaction ID : 22364375

Amount of Each Receipt this Period

1125.00

Full Name (Last, First, Middle Initial)

B. Mr. David P Tilton

Mailing Address 624 Park Place

City

Galloway

State

NJ

Zip Code

08205-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer

AtlantiCare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 20 / 2015

Transaction ID : 22364414

Amount of Each Receipt this Period

975.00

Full Name (Last, First, Middle Initial)

C. Ms. Patricia Cochrell RN, MBA, N

Mailing Address 23986 Vinland Terrace NW

City

Poulsbo

State

WA

Zip Code

98370-9416

FEC ID number of contributing
federal political committee.

C

Name of Employer

B.E. Smith, Inc.

Occupation

Vice President, Leadership Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 25 / 2015

Transaction ID : 22364419

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2450.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Patrick L Muldoon FACHE

Mailing Address 60 Hospital Road

City

Leominster

State

MA

Zip Code

01453-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMass Memorial Medical Center

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 22365230

Amount of Each Receipt this Period

1125.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael Gustafson MD, MBA

Mailing Address 7 Swan Road

City

Quincy

State

MA

Zip Code

02169-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brigham and Women's Faulkner Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 22365232

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

c. Dr. Donald S Sheldon MD

Mailing Address 630 East River Street

City

Elyria

State

OH

Zip Code

44035-5902

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals Elyria Medical Ce

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 26 / 2015

Transaction ID : 22365393

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Howard R Grant JD, MD

Mailing Address 41 Mall Road

City
Burlington

State
MA

Zip Code
01805-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lahey Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 22367189

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. David G Spackman

Mailing Address 110 Wheeler Pond Rd

City
Orange

State
MA

Zip Code
01364-9401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lahey Hospital & Medical Center, Burli

Occupation

Senior Vice President Government Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 22367191

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael Jellinek MD

Mailing Address 2014 Washington Street

City
Newton Lower Falls

State
MA

Zip Code
02462-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newton-Wellesley Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 22367194

Amount of Each Receipt this Period

375.00

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1500.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Tina Santos

Mailing Address 2 Scenic View Drive

City

Pelham

State

NH

Zip Code

03076-3271

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heywood Hospital

Occupation

VP Patient Care & CNO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

262.50

Date of Receipt

03 / 13 / 2015

Transaction ID : 22367196

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

B. Mr. Matthew Woods

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

Executive Vice President Finance and C

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 22367197

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Mr. Jay R Johnson FACHE

Mailing Address P O Box 2000

City

Duncan

State

OK

Zip Code

73534-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duncan Regional Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 17 / 2015

Transaction ID : 22367222

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1137.50

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bruce Lawrence

Mailing Address 3366 NW Expressway, Suite 800

City State Zip Code
 Oklahoma City OK 73112-4458

FEC ID number of contributing
federal political committee.

C

Name of Employer

INTEGRIS Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 17 / 2015

Transaction ID : 22367223

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Jimmy Leopard FACHE

Mailing Address P O Box 407

City State Zip Code
 Wagoner OK 74477-0407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wagoner Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 17 / 2015

Transaction ID : 22367224

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mr. David D Whitaker FACHE

Mailing Address P O Box 1308

City State Zip Code
 Norman OK 73070-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Norman Regional Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 17 / 2015

Transaction ID : 22367226

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Joanne Carrocino FACHE

Mailing Address 903 Shore Drive

City

Cape May

State

NJ

Zip Code

08204-2234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cape Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 22367241

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. Ms. Elizabeth A. Ryan ESQ

Mailing Address 4 Brookside Drive

City

Bordentown

State

NJ

Zip Code

08505-4439

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

03 / 13 / 2015

Transaction ID : 22367258

Amount of Each Receipt this Period

1625.00

Full Name (Last, First, Middle Initial)

C. Ms. Patricia B. McMullin Esq.

Mailing Address 330 Brookline Avenue

City

Boston

State

MA

Zip Code

02215-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Deaconess Medical Center

Occupation

Director of Intergovernmental Relation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

03 / 06 / 2015

Transaction ID : 22367390

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2537.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Winfield S Brown FACHE

Mailing Address 49 Village View Road

City

Westford

State

MA

Zip Code

01886-2359

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heywood Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2015

Transaction ID : 22367391

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. Steven F Bradley

Mailing Address 759 Chestnut Street

City

Springfield

State

MA

Zip Code

01199-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baystate Franklin Medical Center

Occupation

President, Baystate Northern Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2015

Transaction ID : 22367394

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

C. Dr. Joanne Conroy MD

Mailing Address 41 Mall Road

City

Burlington

State

MA

Zip Code

01805-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lahey Hospital & Medical Center, Burli

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2015

Transaction ID : 22367396

Amount of Each Receipt this Period

562.50

SUBTOTAL of Receipts This Page (optional)..... ►

1875.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Philip M Cormier

Mailing Address 736 Cambridge Street

City

Brighton

State

MA

Zip Code

02135-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Elizabeth's Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

562.50

Date of Receipt

03 / 06 / 2015

Transaction ID : 22367397

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

B. Mr. Scott Hartman

Mailing Address 32 Oneida Road

City

Acton

State

MA

Zip Code

01720-2323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lahey Hospital & Medical Center, Burli

Occupation

Vice President Governmental Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

262.50

Date of Receipt

03 / 06 / 2015

Transaction ID : 22367398

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

C. Ms. Patricia Noga

Mailing Address 325 Oak Street

City

Marshfield

State

MA

Zip Code

02050-6226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts Hospital Association

Occupation

Senior Director of Clinical Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

262.50

Date of Receipt

03 / 06 / 2015

Transaction ID : 22367399

Amount of Each Receipt this Period

262.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1087.50

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Nicole DeVita

Mailing Address 41 Mall Road

City

Burlington

State

MA

Zip Code

01805-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lahey Hospital & Medical Center, Burli

Occupation

Sr. V.P., Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2015

Transaction ID : 22367473

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

B. Mr. Patrick Jordan III MBA

Mailing Address 2014 Washington Street

City

Newton Lower Falls

State

MA

Zip Code

02462-1699

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newton-Wellesley Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2015

Transaction ID : 22367474

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

c. Ms. Lynn B Nicholas FACHE

Mailing Address 5 New England Executive Park

City

Burlington

State

MA

Zip Code

01803-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2015

Transaction ID : 22367475

Amount of Each Receipt this Period

1300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1937.50

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kevin Norton

Mailing Address 46 Monmouth Street

City

East Boston

State

MA

Zip Code

02128-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lahey Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2015

Transaction ID : 22367476

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard Iseke MD

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2015

Transaction ID : 22367479

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

C. Ms. Charlotte Ipsan

Mailing Address 4001 Dutchman's Lane

City

Louisville

State

KY

Zip Code

40207-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Norton Suburban Hospital

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2015

Transaction ID : 22367736

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1137.50

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Arthur A Ushijima FACHE

Mailing Address 1099 Alakea Street, Suite 1100

City State Zip Code
 Honolulu HI 96813-4512

FEC ID number of contributing federal political committee.

C

Name of Employer
 Queen's Medical Center

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 30 2015

Transaction ID : 22367738

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Pamela A. Nicholson

Mailing Address 5570 DTC Parkway

City State Zip Code
 Greenwood Village CO 80111-3043

FEC ID number of contributing federal political committee.

C

Name of Employer
 Centura Health

Occupation
 Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 30 2015

Transaction ID : 22367742

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. John Gardner

Mailing Address 1000 West 8th Avenue

City State Zip Code
 Yuma CO 80759-2641

FEC ID number of contributing federal political committee.

C

Name of Employer
 Yuma District Hospital

Occupation
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 30 2015

Transaction ID : 22367744

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Douglas Brown

Mailing Address 1 Biotech Park

City
Worcester

State
MA

Zip Code
01605-2982

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMass Memorial Health Care, Inc.

Occupation

Senior Vice President for Member Hospi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2015

Transaction ID : 22367751

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Ms. Sheila Daly RN, MS, CP

Mailing Address 201 Highland Street

City
Clinton

State
MA

Zip Code
01510-1096

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clinton Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2015

Transaction ID : 22367752

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

c. Ms. Amy J Hoey RN, BSN, M

Mailing Address 295 Varnum Avenue

City
Lowell

State
MA

Zip Code
01854-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lowell General Hospital

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2015

Transaction ID : 22367753

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gary P Marlow

Mailing Address P O Box 2014

City

Nashua

State

NH

Zip Code

03061-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beverly Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : 22367754

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

B. Mr. Steven P Roach MBA, FACHE

Mailing Address 200 Groton Road

City

Ayer

State

MA

Zip Code

01432-3300

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMass Memorial-Marlborough Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : 22367755

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

C. Mr. Kerry Watson

Mailing Address 357 Commercial St
#178

City

Boston

State

MA

Zip Code

02109-1295

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newton-Wellesley Hospital

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : 22367756

Amount of Each Receipt this Period

1125.00

SUBTOTAL of Receipts This Page (optional)..... ►

1950.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Louis J Woolf

Mailing Address 1200 Centre Street

City

Boston

State

MA

Zip Code

02131-1011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hebrew Rehabilitation Center

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : 22367757

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

B. Mr. Kirby Johnson

Mailing Address 509 North Madison Street

City

Bloomfield

State

IA

Zip Code

52537-1271

FEC ID number of contributing
federal political committee.

C

Name of Employer

Davis County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : 22367770

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Matt Wille

Mailing Address 610 10th Street

City

Perry

State

IA

Zip Code

50220-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dallas County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : 22367771

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1062.50

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Raymond F Fredericks

Mailing Address 302 Brooklyn Boulevard

City

State

Zip Code

Sea Girt

NJ

08750-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

JFK Health System

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : 22367805

Amount of Each Receipt this Period

1625.00

Full Name (Last, First, Middle Initial)

B. Mr. Douglas A Struyk CPA

Mailing Address 14 Benson Drive

City

State

Zip Code

Wayne

NJ

07470-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Christian Health Care Center

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : 22367806

Amount of Each Receipt this Period

975.00

Full Name (Last, First, Middle Initial)

C. Ms. Vickie L Diamond RN, MS

Mailing Address 1233 East Second Street

City

State

Zip Code

Casper

WY

82601-2926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Wyoming Medical Center

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : 22370257

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3100.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Rodney F Hochman MD

Mailing Address 1801 Lind Avenue SW

City
Renton

State
WA

Zip Code
98057-3368

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Health & Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 31 / 2015

Transaction ID : 22370262

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City
Concord

State
NH

Zip Code
03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

03 / 31 / 2015

Transaction ID : 22370266

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

C. Ms. Judy Corzine

Mailing Address 3621 SW Woodvalley Place

City
Topeka

State
KS

Zip Code
66614-3536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Administrative Director and CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 31 / 2015

Transaction ID : 22370292

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1145.50

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Kent Palmberg MD

Mailing Address 1216 SW Westside Drive

City

Topeka

State

KS

Zip Code

66615-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Senior Vice President and Chief Medica

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : 22370307

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Laura D. Appel

Mailing Address 224 Vicksburg

City

Lansing

State

MI

Zip Code

48917-9607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Vice President, Federal Policy & Advoc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : 22370351

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel M. George

Mailing Address 672 Morningside Drive

City

Grand Blanc

State

MI

Zip Code

48439-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Covenant Healthcare

Occupation

Vice President, Ambulatory Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : 22370353

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Elizabeth S Schnettler

Mailing Address 315 Mulholland Street

City

State

Zip Code

Bay City

MI

48708-7697

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital Council of East Central Michi

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

211.75

Date of Receipt

03 / 31 / 2015

Transaction ID : 22370355

Amount of Each Receipt this Period

211.75

Full Name (Last, First, Middle Initial)

B. Mr. Spencer L. Grover

Mailing Address 3636 Emily Way

City

State

Zip Code

Carmel

IN

46033-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 31 / 2015

Transaction ID : 22370361

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael J Packnett

Mailing Address 10125 Silver Lake Court

City

State

Zip Code

Fort Wayne

IN

46825-7252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkview Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 31 / 2015

Transaction ID : 22370362

Amount of Each Receipt this Period

500.00

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TOTAL This Period (last page this line number only)..... ►

1211.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Brian Tabor

Mailing Address 10762 Forest Lake Court

City

Indianapolis

State

IN

Zip Code

46278-9610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : 22370363

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Kristen D. W. Morris

Mailing Address 33700 Woodleigh Rd

City

Pepper Pike

State

OH

Zip Code

44124-5259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic Health System

Occupation

Chief Government Relations Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : 22399736

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Carlos Jackson

Mailing Address 1458 Spring Rd NW

City

Washington

State

DC

Zip Code

20010-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Senior Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : 22399737

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bernard H. Becker MA, SPHR

Mailing Address 4527 SW Crenshaw Dr.

City

Topeka

State

KS

Zip Code

66610-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Vice President and Chief Human Resourc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 12 / 2015

Transaction ID : 22399745

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. John R Broberg FACHE

Mailing Address 1020 Parkshire Cir

City

Manhattan

State

KS

Zip Code

66503-2475

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Regional Health Center

Occupation

Senior Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 12 / 2015

Transaction ID : 22399746

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. David J. Cunningham

Mailing Address 3725 Clarion Park Drive

City

Topeka

State

KS

Zip Code

66610-1277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Director of Facilities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 12 / 2015

Transaction ID : 22399748

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dennis L George

Mailing Address 3959 Hwy 59

City

Ottawa

State

KS

Zip Code

66067-8345

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Purchasing Services Corpora

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 12 / 2015

Transaction ID : 22399752

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Course

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR1045726234325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. David Schulke

Mailing Address 155 N. Wacker Dr.

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR1057462134325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

403.88

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Dale A Kirby

Mailing Address P O Box 331

City

Colusa

State

CA

Zip Code

95932-0331

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR1125892334325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Erik Rasmussen

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR1819487934325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR327629134325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City State Zip Code
 Park Ridge IL 60068-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Hospital Association-Chicago

Occupation
 Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR327771634325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City State Zip Code
 Oak Park IL 60304-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Hospital Association-Chicago

Occupation
 Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR32777834325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Pamela Austin Thompson MS, RN, FA

Mailing Address 800 10th Street, NW
 Two CityCenter, Suite 400

City State Zip Code
 Washington DC 20001-5188

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation
 AHA Senior Vice President, CEO America

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : PR327812034325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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TOTAL This Period (last page this line number only)..... ►

230.82

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR327858034325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. John F. Barry

Mailing Address One North Franklin

City Millis State MA Zip Code 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR327877834325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

c. Mr. George F. Bergstrom

Mailing Address 130 North Garland Court
#3002

City Chicago State IL Zip Code 60602-4750

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR327895734325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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230.82

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas J. Bonner FACHE

Mailing Address P.O. Box 679010

City

Austin

State

TX

Zip Code

78767-9010

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR327983734325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR328132834325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Barbara Lorsbach

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR328136934325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR328223834325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR328241434325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR328260934325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR328511834325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR328512034325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Anthony S Burke

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

AHA Solutions, Inc.

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR328913334325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. John R. Combes

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR329071334325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Robyn L. BashMailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Director, Federal Relations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR329084434325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : PR329215734325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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230.82

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR330411634325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR330475434325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2015

Transaction ID : PR330549234325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Operations - APP

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 3 | 1 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : PR331304234325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Megan CundariMailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 3 | 1 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : PR518031934325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | 3 | 1 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : PR766023734325

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.82

TOTAL This Period (last page this line number only)..... ►

103227.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TENET Healthcare Corporation Federal PAC

Mailing Address 1445 Ross Avenue
Suite 1400

City State Zip Code
Dallas TX 75202

FEC ID number of contributing
federal political committee.

C C00119354

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 17 / 2015

Transaction ID : 22363726

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing
federal political committee.

C C00422881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

03 / 02 / 2015

Transaction ID : 22342888

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing
federal political committee.

C C00422881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

03 / 02 / 2015

Transaction ID : 22342932

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Hospital and Healthsystem Assoc. of PA (F)

Mailing Address Post Office Box 8600

City Harrisburg State PA Zip Code 17105-8600

FEC ID number of contributing
federal political committee.

C C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

03 / 25 / 2015

Transaction ID : 22364347

Amount of Each Receipt this Period

15000.00

SUBTOTAL of Receipts This Page (optional)..... ►

15600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 117

(check only one)

| | | | | | | | | |
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| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing
federal political committee.

C C00422881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2015

Transaction ID : 22370256

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City Austin State TX Zip Code 78761-5587

FEC ID number of contributing
federal political committee.

C C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2015

Transaction ID : 22370350

Amount of Each Receipt this Period

25000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

26000.00

TOTAL This Period (last page this line number only)..... ►

41600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City
Washington

State Zip Code
DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : 22402961

Amount of Each Receipt this Period

157.74

Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

157.74

157.74

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 02 2015
Transaction ID : 22402963

Amount of Each Disbursement this Period

116.26

Merchant Fees

Full Name (Last, First, Middle Initial)

B. PaymentechMailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 03 2015
Transaction ID : 22402964

Amount of Each Disbursement this Period

32.95

Merchant Fees

Full Name (Last, First, Middle Initial)

C. PaymentechMailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 04 2015
Transaction ID : 22402965

Amount of Each Disbursement this Period

28.50

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

177.71

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 16 / 2015**Transaction ID : 22402966**

Amount of Each Disbursement this Period

184.77

Bank Fee

Full Name (Last, First, Middle Initial)

B. U.S. Treasury

Mailing Address P.O. Box 2188

City Parkersburg State WV Zip Code 26106-2188

Purpose of Disbursement
Federal Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 11 / 2015**Transaction ID : 22402967**

Amount of Each Disbursement this Period

877.00

Federal Taxes

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1061.77

1239.48

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Deb Fischer For U.S. Senate Inc

Mailing Address 5555 South St

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Lincoln | NE | 68506 |

Purpose of Disbursement
2018 Contribution

Candidate Name

Sen. Deb FischerOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 03 | | 2015 |

Transaction ID : 22346592

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

2018 Contribution

Full Name (Last, First, Middle Initial)

B. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Sarasota | FL | 34230 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Vern BuchananOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 03 | | 2015 |

Transaction ID : 22346593

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Michael Burgess For Congress

Mailing Address PO Box 2334

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Denton | TX | 76202 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael C. Burgess M.D.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 03 | | 2015 |

Transaction ID : 22346594

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 3000.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Doggett For U.S. Congress

Mailing Address PO Box 5843

| | | |
|----------------|-------------|-------------------|
| City Austin | State TX | Zip Code 78763 |
|----------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lloyd DoggettOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 35

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 03 | | 2015 |

Transaction ID : 22346595

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Steve Israel For Congress Committee

Mailing Address PO Box 1400

| | | |
|------------------|-------------|-------------------|
| City Melville | State NY | Zip Code 11747 |
|------------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve J. IsraelOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 03 | | 2015 |

Transaction ID : 22346596

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 5th Avenue South

| | | |
|-------------------|-------------|-------------------|
| City La Crosse | State WI | Zip Code 54601 |
|-------------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ron KindOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 03 | | 2015 |

Transaction ID : 22346597

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 4000.00 |
|---------|

| |
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| |
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Larson For Congress

Mailing Address PO Box 261172

| | | |
|------------------|-------------|-------------------|
| City Hartford | State CT | Zip Code 06126 |
|------------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Rep. John B. LarsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 03 | / | 2015 |

Transaction ID : 22346598

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Re-Elect McGovern Committee

Mailing Address PO Box 60405

| | | |
|-------------------|-------------|-------------------|
| City Worcester | State MA | Zip Code 01606 |
|-------------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Rep. James P. McGovernOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 03 | / | 2015 |

Transaction ID : 22346649

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Kristi For Congress

Mailing Address PO Box 852

| | | |
|---------------------|-------------|-------------------|
| City Sioux Falls | State SD | Zip Code 57101 |
|---------------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kristi Lynn NoemOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 00

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 03 | / | 2015 |

Transaction ID : 22346650

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 4000.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pallone For Congress

Mailing Address PO Box 3176

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Long Branch | NJ | 07740 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Frank Pallone Jr.

| | |
|----------------|--|
| Office Sought: | <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
|----------------|--|

| | |
|------------------------|---|
| Disbursement For: 2016 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|------------------------|---|

State: NJ District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 03 | / | 2015 |

Transaction ID : 22346652

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Nancy Pelosi For CongressMailing Address 700 13th Street, Nw
Suite 600

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20005 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Nancy Pelosi

| | |
|----------------|--|
| Office Sought: | <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
|----------------|--|

| | |
|------------------------|---|
| Disbursement For: 2016 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|------------------------|---|

State: CA District: 12

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 03 | / | 2015 |

Transaction ID : 22346653

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Quigley For Congress

Mailing Address PO Box 13040

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Chicago | IL | 60613 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Michael Quigley

| | |
|----------------|--|
| Office Sought: | <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
|----------------|--|

| | |
|------------------------|---|
| Disbursement For: 2016 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|------------------------|---|

State: IL District: 05

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 03 | / | 2015 |

Transaction ID : 22346654

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

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| 7000.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Simpson For Congress

Mailing Address 1487 Parkway Drive

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Blackfoot | ID | 83221 |

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Mike K. SimpsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 02

Date of Disbursement

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|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 03 | | 2015 |

Transaction ID : 22346655

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Alamo PACMailing Address 919 Congress Ave.
Suite 1400

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Austin | TX | 78701 |

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Alamo PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 03 | | 2015 |

Transaction ID : 22346656

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Denali Leadership PAC

Mailing Address 16158 Essex Park Dr.

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Anchorage | AK | 99516 |

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Denali Leadership PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 03 | | 2015 |

Transaction ID : 22346657

Amount of Each Disbursement this Period

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|---------|
| 1000.00 |
|---------|

2015 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

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|---------|
| 3000.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Forward Together PACMailing Address 201 N. Union Street
Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2015 Contribution

Candidate Name

Forward Together PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 03 | | 2015 |

Transaction ID : 22346658

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

2015 Contribution

Full Name (Last, First, Middle Initial)

B. HALPAC-Help America's Leaders PACMailing Address 1155 21st Street, NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
2015 Contribution

Candidate Name

HALPAC-Help America's Leaders PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 03 | | 2015 |

Transaction ID : 22346659

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Hoosiers First PACMailing Address 215 South St. Joseph Street
Suite 600

City South Bend State IN Zip Code 46601

Purpose of Disbursement
2015 Contribution

Candidate Name

Hoosiers First PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 03 | | 2015 |

Transaction ID : 22346660

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

2015 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

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|---------|
| 3000.00 |
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 91 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pete Aguilar For Congress

Mailing Address PO Box 10954

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Bernadino | CA | 92423 |

Purpose of Disbursement
Contribution

Candidate Name

Pete AguilarOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 03 | / | 2015 |

Transaction ID : 22346664

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Matsui For Congress

Mailing Address PO Box 1738

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Sacramento | CA | 95812 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Doris MatsuiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 03 | / | 2015 |

Transaction ID : 22346665

Amount of Each Disbursement this Period

| |
|---------|
| 2700.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Bennet For Colorado

Mailing Address PO Box 3078

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Denver | CO | 80201 |

Purpose of Disbursement
Contribution

Candidate Name

Sen. Michael F. BennetOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 03 | / | 2015 |

Transaction ID : 22346666

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

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| 4700.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 92 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Lois Frankel For Congress

Mailing Address PO Box 812421

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Boca Raton | FL | 33481 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lois FrankelOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 03 | / | 2015 |

Transaction ID : 22346667

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Graham For Congress

Mailing Address PO Box 310

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Tallahassee | FL | 32302 |

Purpose of Disbursement
Contribution

Candidate Name

Gwen GrahamOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 03 | / | 2015 |

Transaction ID : 22346668

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dan Kildee

Mailing Address P.O. Box 248

| | | |
|-------|-------|----------|
| City | State | Zip Code |
| Flint | MI | 48501 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Dan KildeeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 05

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 03 | / | 2015 |

Transaction ID : 22346669

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|----------|
| 11000.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 93 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Upton For All Of Us

Mailing Address P.O. Box 490

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| St. Joseph | MI | 49085 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Frederick Stephen Upton

| | |
|----------------|--|
| Office Sought: | <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
|----------------|--|

| | | |
|------------------------|---|----------------------------------|
| Disbursement For: 2016 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> General |
|------------------------|---|----------------------------------|

State: MI District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 03 | / | 2015 |

Transaction ID : 22346670

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Gillibrand For SenateMailing Address 236 Massachusetts Ave Ne
Suite 110

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20002 |

Purpose of Disbursement
2018 Contribution

Candidate Name

Sen. Kirsten E. Gillibrand

| | |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President |
|----------------|--|

| | | |
|------------------------|---|----------------------------------|
| Disbursement For: 2018 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> General |
|------------------------|---|----------------------------------|

State: NY District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 03 | / | 2015 |

Transaction ID : 22346671

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

2018 Contribution

Full Name (Last, First, Middle Initial)

C. Richard Hanna For Congress Committee

Mailing Address PO Box 118

| | | |
|-------|-------|----------|
| City | State | Zip Code |
| Utica | NY | 13503 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Richard Hanna

| | |
|----------------|--|
| Office Sought: | <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
|----------------|--|

| | | |
|------------------------|---|----------------------------------|
| Disbursement For: 2016 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> General |
|------------------------|---|----------------------------------|

State: NY District: 22

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 03 | / | 2015 |

Transaction ID : 22346672

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 4000.00 |
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 95 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

Purpose of Disbursement
2015 Contribution

Candidate Name

Democratic Congressional Campaign CommitteeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 17 | | 2015 |

Transaction ID : 22363495

Amount of Each Disbursement this Period

| |
|----------|
| 15000.00 |
|----------|

2015 Contribution

Full Name (Last, First, Middle Initial)

B. Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Portland | OR | 97232 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Earl BlumenauerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 17 | | 2015 |

Transaction ID : 22363496

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Brady For Congress

Mailing Address PO Box 8277

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| The Woodlands | TX | 77387 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kevin Patrick BradyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 17 | | 2015 |

Transaction ID : 22363497

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|----------|
| 17500.00 |
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 96 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Clarke For Congress

Mailing Address 111-36 200th. Street

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Hollis | NY | 11412 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Yvette D. ClarkeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 09

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 17 | | 2015 |

Transaction ID : 22363498

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Kirkpatrick For Arizona

Mailing Address PO Box 12011

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Casa Grande | AZ | 85130 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ann KirkpatrickOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 17 | | 2015 |

Transaction ID : 22363499

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Levin For Congress

Mailing Address PO Box 37

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Roseville | MI | 48066 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Sandy M. LevinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 09

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 17 | | 2015 |

Transaction ID : 22363500

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 3500.00 |
|---------|

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 97 OF 117

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jim Renacci For Congress

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement
Contribution

Candidate Name

Rep. James B. Renacci

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 17 / 2015

Transaction ID : 22363501

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 92261

Purpose of Disbursement
Contribution

Candidate Name

Rep. Raul Ruiz MD

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 17 / 2015

Transaction ID : 22363502

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Scott Peters For Congress

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement
Contribution

Candidate Name

Rep. Scott Peters

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 17 / 2015

Transaction ID : 22363505

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 98 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Volunteers For Shimkus

Mailing Address PO Box 661

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Collinsville | IL | 62234 |

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. John M. ShimkusCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 15

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 18 | / | 2015 |

Transaction ID : 22363507

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Friends For Chris Stewart, Inc.

Mailing Address 10 West Broadway, Suite 500

| | | |
|----------------|-------|----------|
| City | State | Zip Code |
| Salt Lake City | UT | 84101 |

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Chris StewartCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 17 | / | 2015 |

Transaction ID : 22363515

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Mark Takai For Congress

Mailing Address PO Box 2267

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Pearl City | HI | 96782 |

Purpose of Disbursement
Contribution

011

Candidate Name

Kyle TakaiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: HI District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 17 | / | 2015 |

Transaction ID : 22363517

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 3500.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 99 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Alamo PACMailing Address 919 Congress Ave.
Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement
2015 Contribution

Candidate Name

Alamo PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 17 | / | 2015 |

Transaction ID : 22363520

Amount of Each Disbursement this Period

| |
|---------|
| 4000.00 |
|---------|

2015 Contribution

Full Name (Last, First, Middle Initial)

B. Democrats Win Seats PAC

Mailing Address 1071 Turin Branch Lane

City Weston State FL Zip Code 33326

Purpose of Disbursement
2015 Contribution

Candidate Name

Democrats Win Seats PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 17 | / | 2015 |

Transaction ID : 22363521

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Prosperity Action Inc

Mailing Address 1006 PENDLETON STREET

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2015 Contribution

Candidate Name

Prosperity Action Inc

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 17 | / | 2015 |

Transaction ID : 22363525

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

2015 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

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|---------|
| 6000.00 |
|---------|

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 100 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Rock City PAC

Mailing Address 1015 Stonebridge Park Drive

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Franklin | TN | 37069 |

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Rock City PACCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 17 | / | 2015 |

Transaction ID : 22363526

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

2015 Contribution

Full Name (Last, First, Middle Initial)

B. STEVE PAC (Support to Ensure Victory Eve)

Mailing Address 4679 Winterset drive

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Columbus | OH | 43220 |

Purpose of Disbursement
2015 Contribution

011

Candidate Name

STEVE PAC (Support to Ensure Victory Eve)Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 17 | / | 2015 |

Transaction ID : 22363528

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Frank Guinta

Mailing Address PO Box 877

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Manchester | NH | 03105 |

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Franklin C. GuintaCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH

District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 17 | / | 2015 |

Transaction ID : 22363531

Amount of Each Disbursement this Period

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|---------|
| 1000.00 |
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Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

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| 4500.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 101 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pallone For Congress

Mailing Address PO Box 3176

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Long Branch | NJ | 07740 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Frank Pallone Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 17 | / | 2015 |

Transaction ID : 22363532

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Katko For Congress

Mailing Address 5407 Anvil Drive

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Camillus | NY | 13031 |

Purpose of Disbursement
Contribution

Candidate Name

John KatkoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 24

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 17 | / | 2015 |

Transaction ID : 22363599

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Tom Reed For Congress

Mailing Address PO Box 391

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Geneva | NY | 14456 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tom ReedOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 17 | / | 2015 |

Transaction ID : 22363601

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 7000.00 |
|---------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Richard Burr Committee

Mailing Address Post Office Box 5928

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Winston-Salem | NC | 27113 |

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Richard BurrCategory/
Type

| | |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House |
| | <input checked="" type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: NC District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 17 | | 2015 |

Transaction ID : 22363602

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Richard Burr Committee

Mailing Address Post Office Box 5928

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Winston-Salem | NC | 27113 |

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Richard BurrCategory/
Type

| | |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House |
| | <input checked="" type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: NC District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 17 | | 2015 |

Transaction ID : 22363603

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Roanoke | VA | 24002 |

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Bob W. GoodlatteCategory/
Type

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: VA District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 18 | | 2015 |

Transaction ID : 22363604

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 9000.00 |
|---------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 103 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. DelBene For Congress

Mailing Address PO Box 487

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Bothell | WA | 98041 |

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Suzan DelBeneCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 17 | / | 2015 |

Transaction ID : 22363605

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Columbia | SC | 29211 |

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James E. ClyburnCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 20 | / | 2015 |

Transaction ID : 22363606

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Dold For Congress

Mailing Address PO Box 6312

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Libertyville | IL | 60048 |

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Robert J. DoldCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 20 | / | 2015 |

Transaction ID : 22363607

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 3500.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 104 OF 117

| | | | | | |
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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Dave Joyce

Mailing Address 320 Kenarden Drive

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Cleveland | OH | 44143 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Dave JoyceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 14

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 20 | | 2015 |

Transaction ID : 22363609

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Olson For Congress Committee

Mailing Address PO Box 16381

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Sugar Land | TX | 77496 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Pete OlsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 22

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 20 | | 2015 |

Transaction ID : 22363610

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Adrian Smith For CongressMailing Address 3321 Avenue I
Suite 6

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Scottsbluff | NE | 69361 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Adrian SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 20 | | 2015 |

Transaction ID : 22363612

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

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|---------|
| 4500.00 |
|---------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 105 OF 117

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Welch For Congress

Mailing Address PO Box 1682

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Burlington | VT | 05402 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Peter WelchOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: VT District: 00

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 20 | / | 2015 |

Transaction ID : 22363614

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Moolenaar For Congress

Mailing Address 5915 Eastman Avenue Suite 100

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Midland | MI | 48640 |

Purpose of Disbursement
Contribution

Candidate Name

John MoolenaarOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
2014 General Debt Re

State: MI District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 20 | / | 2015 |

Transaction ID : 22363615

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20002 |

Purpose of Disbursement
2015 Contribution

Candidate Name

Democratic Senatorial Campaign CommitteeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 24 | / | 2015 |

Transaction ID : 22364305

Amount of Each Disbursement this Period

| |
|----------|
| 15000.00 |
|----------|

2015 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|----------|
| 17000.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 106 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bennet For Colorado

Mailing Address PO Box 3078

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Denver | CO | 80201 |

Purpose of Disbursement
Contribution

Candidate Name

Sen. Michael F. Bennet

| | |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House |
| | <input checked="" type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|--|---|
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: CO District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 24 | | 2015 |

Transaction ID : 22364307

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Mike Lee IncMailing Address 10 West Broadway
Suite 500

| | | |
|----------------|-------|----------|
| City | State | Zip Code |
| Salt Lake City | UT | 84101 |

Purpose of Disbursement
Contribution

Candidate Name

Sen. Mike Lee

| | |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House |
| | <input checked="" type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: UT District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 24 | | 2015 |

Transaction ID : 22364312

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Lisa Murkowski For U.S. Senate

Mailing Address PO Box 100847

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Anchorage | AK | 99510 |

Purpose of Disbursement
Contribution

Candidate Name

Sen. Lisa Murkowski

| | |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House |
| | <input checked="" type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: AK District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 24 | | 2015 |

Transaction ID : 22364314

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 3000.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 107 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Stabenow For U.S. Senate

Mailing Address P.O. Box 4945

City
East LansingState
MIZip Code
48826Purpose of Disbursement
2018 Contribution

011

Candidate Name

Sen. Debbie StabenowCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 24 | / | 2015 |

Transaction ID : 22364319

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

2018 Contribution

Full Name (Last, First, Middle Initial)

B. Paul Cook For Congress

Mailing Address PO Box 365

City
Yucca ValleyState
CAZip Code
92286Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Paul CookCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 08

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 24 | / | 2015 |

Transaction ID : 22364321

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Cummings For Congress Campaign Committee

Mailing Address PO Box 1631

City
BaltimoreState
MDZip Code
21203Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Elijah E. CummingsCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD

District: 07

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 24 | / | 2015 |

Transaction ID : 22364329

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 3000.00 |
|---------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 108 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jeff Duncan For Congress

Mailing Address PO Box 845

| | | |
|-----------------|-------------|-------------------|
| City Laurens | State SC | Zip Code 29360 |
|-----------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jeff DuncanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 24 | | 2015 |

Transaction ID : 22364331

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

| | | |
|-----------------|-------------|-------------------|
| City Raleigh | State NC | Zip Code 27624 |
|-----------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Rep. Renee Ellmers RNOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 24 | | 2015 |

Transaction ID : 22364332

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. People For Derek Kilmer

Mailing Address PO Box 1574

| | | |
|--------------------|-------------|-------------------|
| City Gig Harbor | State WA | Zip Code 98335 |
|--------------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Rep. Derek KilmerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 24 | | 2015 |

Transaction ID : 22364333

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 3000.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 109 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Kuster For Congress, Inc.

Mailing Address P.O. Box 1498

| | | |
|-----------------|-------------|-------------------|
| City Concord | State NH | Zip Code 03302 |
|-----------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Rep. Ann McLane KusterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 24 | | 2015 |

Transaction ID : 22364334

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy For Congress

Mailing Address PO Box 12667

| | | |
|---------------------|-------------|-------------------|
| City Bakersfield | State CA | Zip Code 93389 |
|---------------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kevin McCarthyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 24 | | 2015 |

Transaction ID : 22364335

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

| | | |
|-----------------|-------------|-------------------|
| City Visalia | State CA | Zip Code 93290 |
|-----------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Rep. Devin G. NunesOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 22

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 24 | | 2015 |

Transaction ID : 22364336

Amount of Each Disbursement this Period

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|---------|
| 2000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
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| 8000.00 |
|---------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Poliquin For Congress

Mailing Address PO Box 50

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Oakland | ME | 04963 |

Purpose of Disbursement
Contribution

Candidate Name

Bruce PoliquinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 24 | / | 2015 |

Transaction ID : 22364337

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Reichert

Mailing Address PO Box 2032

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Issaquah | WA | 98027 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. David George ReichertOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 08

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 24 | / | 2015 |

Transaction ID : 22364339

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Texans For Lamar Smith

Mailing Address PO Box 6155

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| San Antonio | TX | 78209 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lamar S. SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 21

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 24 | / | 2015 |

Transaction ID : 22364340

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 3000.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 111 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. CHC-BOLD PAC:Building our Leadership Diversity PAC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 24 | | 2015 |

Mailing Address Post Office Box 310

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

Transaction ID : 22364342Purpose of Disbursement
2015 Contribution

Amount of Each Disbursement this Period

Candidate Name

CHC-BOLD PAC:Building our Leadership Diversity PAC

011

Category/
Type

1000.00

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

2015 Contribution

State: District:

Full Name (Last, First, Middle Initial)

B. Motor City PAC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 24 | | 2015 |

Mailing Address 600 Pennsylvania Avenue, SE
Suite 210

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

Transaction ID : 22364343Purpose of Disbursement
2015 Contribution

Amount of Each Disbursement this Period

Candidate Name

Motor City PAC

011

Category/
Type

1000.00

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

2015 Contribution

State: District:

Full Name (Last, First, Middle Initial)

C. Kathleen Rice For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 24 | | 2015 |

Mailing Address 410 Jericho Turnpike Suite 200

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Jericho | NY | 11753 |

Transaction ID : 22364344Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Kathleen Rice

011

Category/
Type

1000.00

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | |
|-------------------|--|
| Disbursement For: | 2016 |
| | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

Contribution

State: NY District: 04

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 112 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Palazzo For Congress

Mailing Address 13155 Highway 67 Suite B

| | | |
|----------------|-------------|-------------------|
| City Biloxi | State MS | Zip Code 39532 |
|----------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steven M. PalazzoOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 26 | / | 2015 |

Transaction ID : 22366946

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Ribble For Congress

Mailing Address PO Box 7200

| | | |
|------------------|-------------|-------------------|
| City Appleton | State WI | Zip Code 54912 |
|------------------|-------------|-------------------|

Purpose of Disbursement
Contribution

Candidate Name

Rep. Reid J. RibbleOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 08

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 26 | / | 2015 |

Transaction ID : 22366947

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Blue Hen PAC

Mailing Address PO Box 9900

| | | |
|----------------|-------------|-------------------|
| City Newark | State DE | Zip Code 19714 |
|----------------|-------------|-------------------|

Purpose of Disbursement
2015 Contribution

Candidate Name

Blue Hen PACOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 26 | / | 2015 |

Transaction ID : 22366948

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

2015 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 3000.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 113 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Free State PAC

Mailing Address PO Box 1151

| | | |
|------|-------|----------|
| City | State | Zip Code |
| Hays | KS | 67601 |

Purpose of Disbursement
2015 Contribution

Candidate Name

Free State PAC

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 26 | | 2015 |

Transaction ID : 22366949

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

2015 Contribution

Full Name (Last, First, Middle Initial)

B. Julia Brownley For Congress

Mailing Address PO Box 2018

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Thousand Oaks | CA | 91358 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Julia Brownley

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | |
|-------------------|--|
| Disbursement For: | 2016 |
| | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

State: CA District: 26

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 26 | | 2015 |

Transaction ID : 22366950

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

C. Dan Lipinski For Congress

Mailing Address P.O. Box 520

| | | |
|-----------------|-------|----------|
| City | State | Zip Code |
| Western Springs | IL | 60558 |

Purpose of Disbursement
Contribution

Candidate Name

Rep. Daniel William Lipinski

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | |
|-------------------|--|
| Disbursement For: | 2016 |
| | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

State: IL District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 26 | | 2015 |

Transaction ID : 22366951

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

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|---------|
| 7000.00 |
|---------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 114 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Nita Lowey For Congress

Mailing Address PO Box 271

City
White PlainsState
NYZip Code
10605Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Nita M. LoweyCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 17

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 26 | / | 2015 |

Transaction ID : 22366952

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Sherrod Brown

Mailing Address PO Box 15293

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2018 Contribution

011

Candidate Name

Sen. Sherrod BrownCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 26 | / | 2015 |

Transaction ID : 22366953

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

2018 Contribution

Full Name (Last, First, Middle Initial)

C. Ryan Costello for Congress

Mailing Address PO Box 89

City
PhoenixvilleState
PAZip Code
19460Purpose of Disbursement
Contribution

011

Candidate Name

Ryan CostelloCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 26 | / | 2015 |

Transaction ID : 22366954

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 3500.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 115 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of John Thune

Mailing Address PO Box 841

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Sioux Falls | SD | 57101 |

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. John R. ThuneCategory/
Type

| | |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House |
| | <input checked="" type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: SD District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2015 |

Transaction ID : 22370281

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Contribution

Full Name (Last, First, Middle Initial)

B. Heartland Values PAC

Mailing Address P.O. Box 505

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Sioux Falls | SD | 57101 |

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Heartland Values PACCategory/
Type

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|---|
| Disbursement For: |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2015 |

Transaction ID : 22370282

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Julia Brownley For Congress

Mailing Address PO Box 2018

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Thousand Oaks | CA | 91358 |

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Julia BrownleyCategory/
Type

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: CA District: 26

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 31 | / | 2015 |

Transaction ID : 22370283

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

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| 7000.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 117 OF 117

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ben Sasse For U.S. Senate Inc

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | | 21 | | 2015 |

Mailing Address 105 East 6th Street

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Fremont | NE | 68025 |

Purpose of Disbursement
Contribution Redesignation, See Below

011

Transaction ID : 22411488

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Candidate Name

Benjamin SasseCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
2014 General Debt Re

State: NE

District:

[MEMO ITEM]

Contribution Redesignation, See Below

Full Name (Last, First, Middle Initial)

B. Ben Sasse For U.S. Senate Inc

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 02 | | 2015 |

Mailing Address 105 East 6th Street

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Fremont | NE | 68025 |

Purpose of Disbursement
Contribution Re-designated funds for trans. dated 1/21/2015

011

Transaction ID : 22411489

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Candidate Name

Benjamin SasseCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE

District:

[MEMO ITEM]

Contribution Re-designated funds for trans. dated 1/21/2015

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

| |
|------|
| 0.00 |
|------|

| |
|-----------|
| 180700.00 |
|-----------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►